

Healthcare: The Falling Resident

MEMIC



INTRODUCING

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Learning Objectives

The Falling Resident

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1. Identify caregiver hazards associated with resident falls.

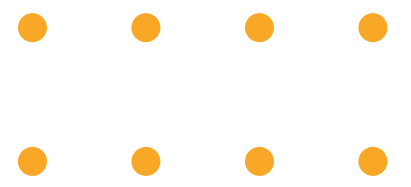


2. Assess current practices for resident fall reduction.



3. Learn strategies to reduce caregiver injuries.





What is a Fall?

Tinetti et al. in 1988 defined a fall as an event that results in a person coming to rest on the ground or other lower-level unintentionally, which is not as a result of a major intrinsic event (such as stroke) or overwhelming hazard.



“

Scope The Problem

”





Frequency and Severity of Falls for the Elderly

- Falls are **the leading cause** of fatal and nonfatal injury for adults ages 65 years and older.
- Over 14 million, or **1 in 4 older adults** report falling every year
- Each year, nearly 319,000 older people are hospitalized for **hip fractures**
- Falls are the most common cause of **traumatic brain injuries**
- The age-adjusted **fall death rate increased by 41%** from 55.3 per 100,000 older adults in 2012 to 78.0 per 100,000 older adults in 2021.
- Each year, there are about 1 million fall-related hospitalizations, 3.6 million emergency room visits, and over **41,00 deaths among older adults.**

[Older Adult Falls Data | Older Adult Fall Prevention | CDC](#)

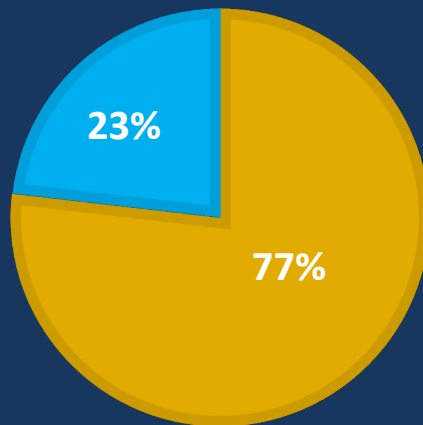


Staff Injuries:

All Healthcare - 3.5 years - Jan 2021 to July 2024

STAFF INJURY CAUSES

■ Other Injuries ■ SPH injuries



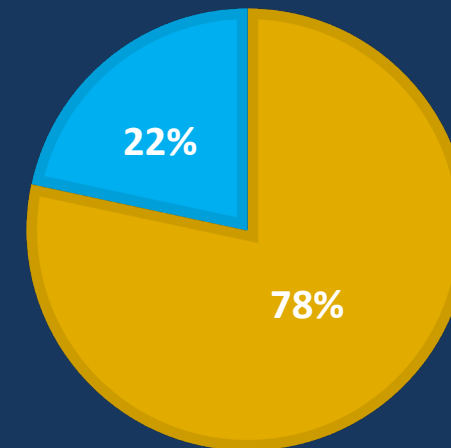
831 Policyholders in the data

- Total claims in healthcare (NO PANDEMIC) = **21,316**
- SPH related = **4,938**
- Preventing a fall or recovery from a fall = **1274**

23% of injuries were SPH ...
and of those 26% were related to a resident fall

STAFF INJURIES RELATED TO RESIDENT FALLS

■ Catching a Fall ■ Floor Recovery



Catching/Preventing fall

- **977** (78% of fall related)

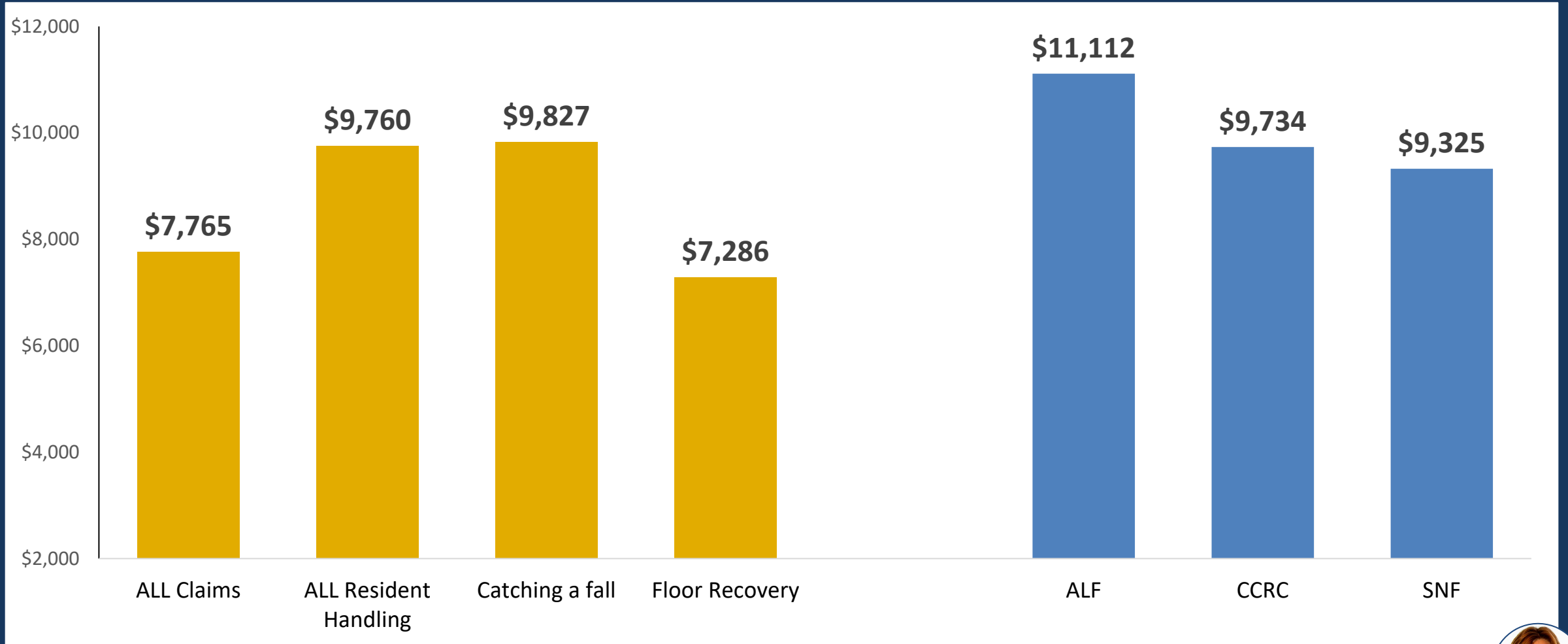
Floor Recovery

- **270** (22% of fall related)



Staff Injuries: Avg claim cost by activity and location

3.5 years - Jan 2021 to July 2024



Staff Claim Costs related to Resident FALLS - Range is \$5 to \$478,586





Staff Injury Examples Preventing a Fall

\$109,972

Employee attempt to break resident's fall during transfer to table in dining area.

\$191,661

Resident started to slip, and employee tried to hold resident up

\$2,053

Employee had to squeeze in between the toilet and wall to catch resident from falling.

\$5,310

Housekeeper asked for help because resident was falling.





Staff Injury Examples

Floor Recovery

> \$75,000

Employee assisted with lifting resident from Bathroom floor.

\$246,880

Employee lifting resident with co-worker after resident fell on floor.

\$128,547 (3 People)

Completing final rounds on the 11pm-7am shift. Lifted patient off floor with another CNA and nurse.

\$10,000

Assisting EMT Team lifting resident from floor.





Resident Fall Reduction:

1. Assessment
2. Influencing factors
3. Strategies





Resident Assessment

Who?

How?

When?

Where?





Resident Assessment



WHO?



Using an interdisciplinary team
improves effectiveness of
fall risk assessments

<https://www.ncbi.nlm.nih.gov/books/NBK560761/>

Medical Providers

Social Services

Nursing

Therapy

Referral Source

Contracted Provider





Resident Assessment



How?

Medical History
& Evaluation



- Age
- Fall history
- Neurologic
- Psychologic/Cognition
- Sensory
- Vital signs

- Incontinence/Urgency
- Pharmacologic
- Range of motion
- Strength
- Assistive device/adaptive equipment
- Lab tests





Resident Assessment



How?

Fall & Mobility Test



No Single Test Adequately
Predicts Falls

[PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

Tinetti

TUG (Timed Up and Go)

Berg Balance Scale

Morse Fall Scale

STRATIFY

STEDI Algorithm

Functional Reach





Resident Assessment



WHEN?



- Admission/Readmission
- Significant change
- Monthly/Quarterly/Annually
- After a fall
- After an unexpected near-miss or loss of balance without a fall






Resident Assessment



Where?

Accessible Results
& Plan



- 
- Written
 - Verbal
 - Updated/Accurate





Real-Time Assessment?

Do care aides **gauge** resident fall risk in real time?

Systematic observation and approach:

- Verbal interaction/response time
- Response to caregiver presence/mood
- Movement pattern
- Response to instructions/attention to task/resistance to care
- Complaints of dizziness/light headedness/pain/illness/fatigue



Stop at anytime during this process if there is a change and report to supervising clinician.



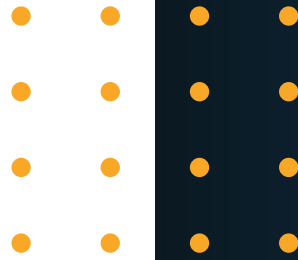


Resident Fall Reduction:

1. Assessment
2. Influencing factors
3. Strategies



Behavioral Factors

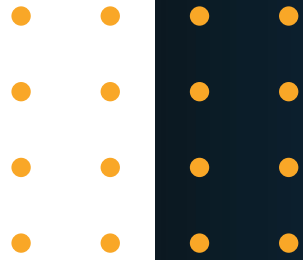


- Unmet needs
- Anxious
- Distractable
- Rushed
- Agitated/Angry/Confused
- Toileting/Incontinence/Urgency





Movement Factors



01

Clothing – Properly sized, appropriate for activity

02

Shoes – Slippery or grippy soles, proper fit

03

Activities – Carrying/ reaching/lifting/bending

04

Adaptive Aids – Glasses, hearing aids, mobility aid
Obstacles – clutter, cords, furniture, other people





Environmental Factors

- •
- •
- •
- •

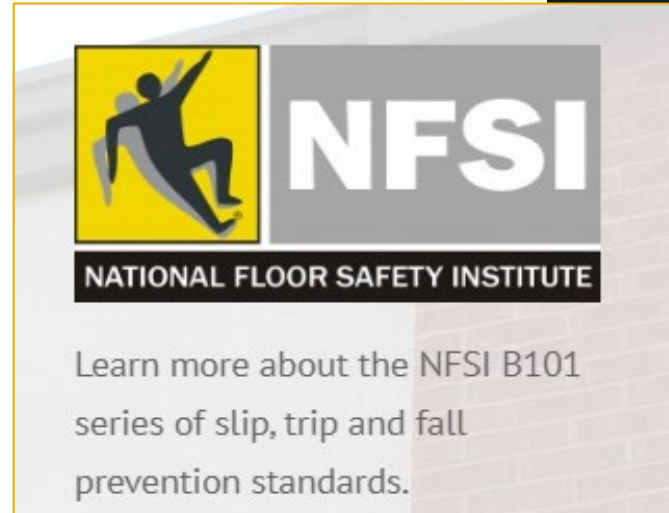
SOUNDS – Inability to hear warning, distractions, agitation

DOORS – Easy open, push/pull/slide, width

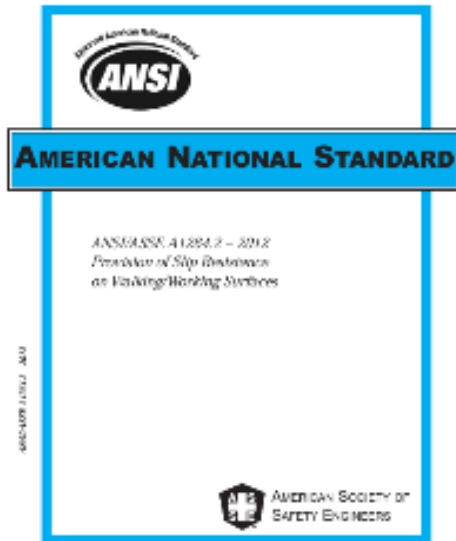
LIGHTING – Too dark, glare, changes, wayfinding



Design Factors

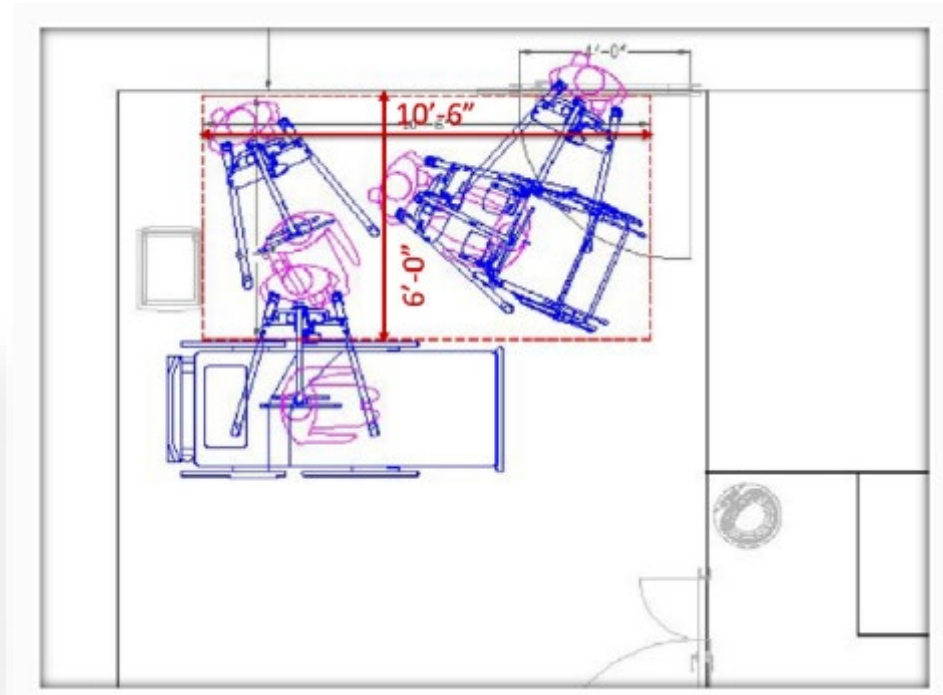


- **SURFACES** – wet, uneven, changes, sticky, elevated, sloped -
- National Floor Safety Institute
- ANSI Standards
- Building Code - Facility Guidelines Institute (FGI)

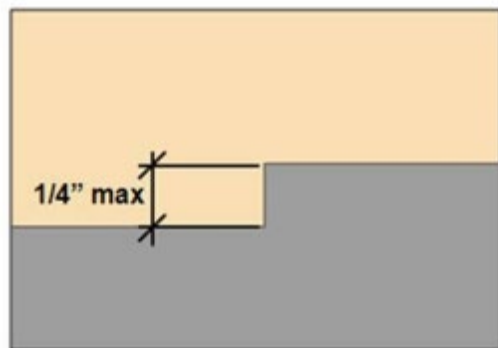


Design Factors

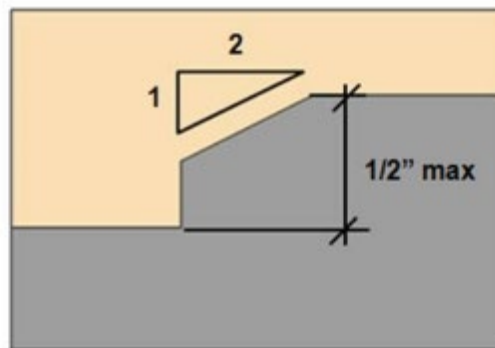
- Space to work
- Grab Bars
- Hard floor to Carpet



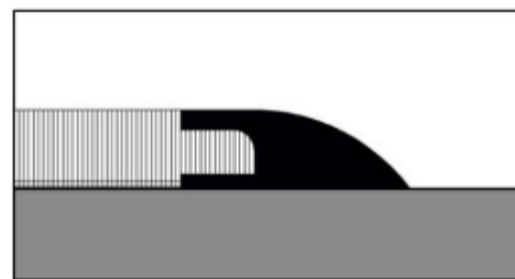
1/4" Max Change in Level



1/2" Max Change in Level

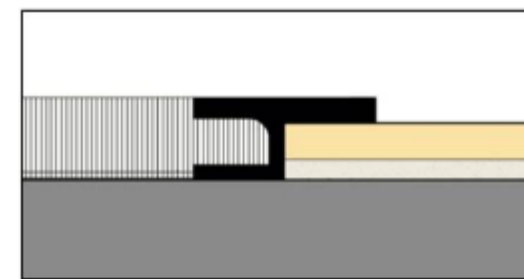


Carpet Edge Treatment



1/2" maximum height, 1:2 maximum beveled edge

Carpet to Tile Transition



Changes in level 1/4" maximum high permitted vertical edge





Resident Fall Reduction:

1. Assessment
2. Influencing factors
3. Strategies



Prevent the Fall

Improving Movement

- Partner with Rehab
- Practice getting off the floor
- Integrate movements used to get off floor into group exercise



Frequent Check-In's

The 4P's stand for:

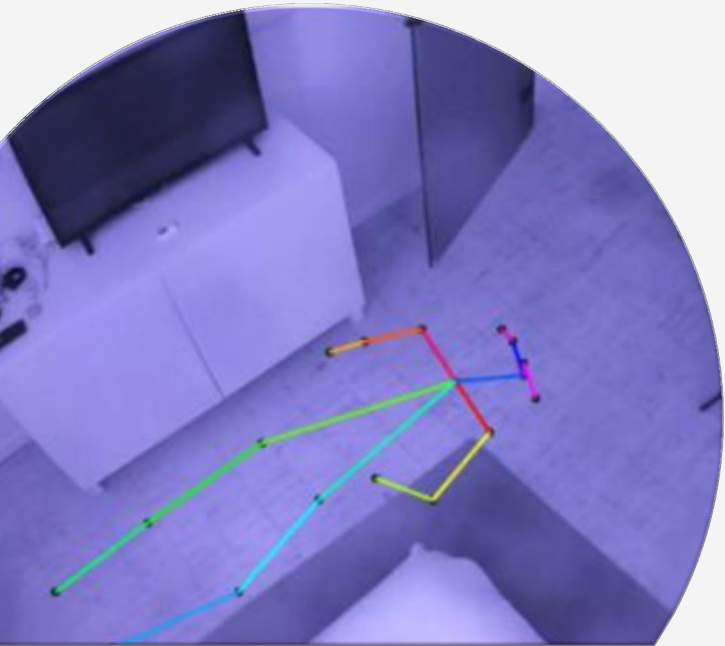
1. Pain
2. Position
3. Placement
4. Personal Needs

This approach may be used by various caregivers and members of the care team to help prevent falls, and to develop a culture that checks in with the resident and addresses their needs at different times of the day.





New Technology



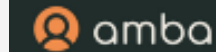
Sensor technology



Fall detection



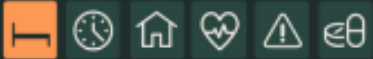
Urgent response



Responsive and effective

"Pat has been out of bed for 20 minutes, let's go and see her"

Pat Mathews
Last event: Today | 12:28 am Room 215



Prevent the Fall: Transfer and Ambulation Devices



AMBULATION



**SIT TO
STAND
TRANSFERS**



Assisted Falls





“

Resident Fall Response

”



Floor Recovery

There is no safe manual transfer from the floor.





Floor Recovery – Spectrum of Choices

- Resident Independent with support device/coaching
- Full body lift
- Mechanical or air assist
- Staff manual assist – with support device
- EMS



Two Ways to Safely Move a Fallen Patient

No matter how it is done, manually lifting fallen patients from the floor is never safe for your back. In the event that you have to assist a fallen patient, you should use one of the following methods to help them up:

1

Help the Patient Pull Themselves Up

If the patient has the ability, guide the patient to pull themselves up. The patient should get on their hands and knees and pull themselves onto a chair. If a walking belt is available, put it on the patient should you need to assist them.



2

Use a Mechanical Lift

If the patient is not able to pull themselves up, the only other way to move them safely is by using a mechanical lift. It is safer for you and for your patient.



NEVER manually lift a patient.

There is no safe way to manually lift a patient from the floor.

For more information
about safe patient handling
and movement, contact:

MEMIC

www.memic.com
800.660.1306





Floor Recovery Devices

INFLATABLE



NON MECHANICAL



MECHANICAL

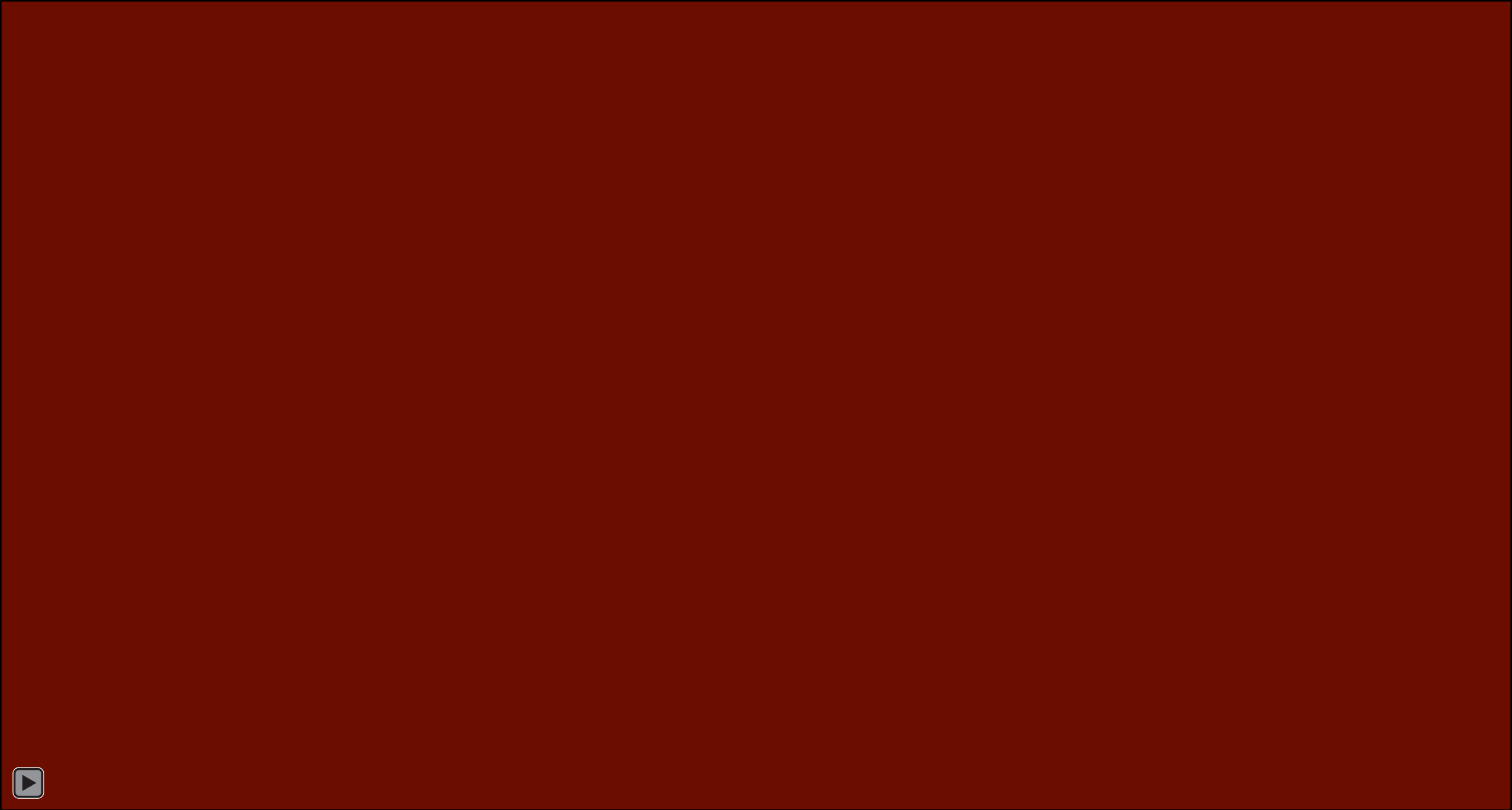


Illustration A
Using Hands



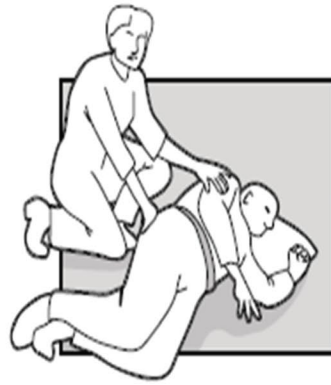
Illustration B
Using Elbows



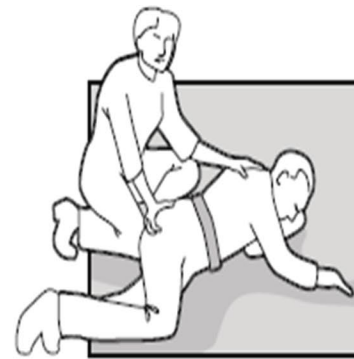


Floor Recovery

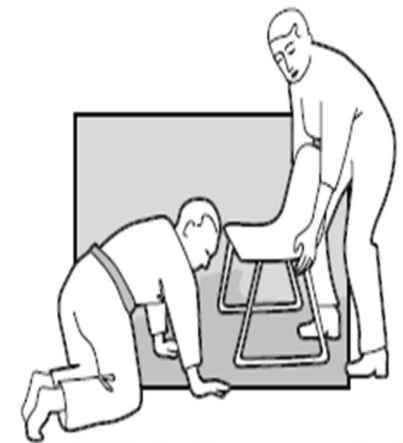
Staff manual assist – with support device



1) It is important that the fallen person does the work.



2) The helper should only guide lightly, helping the person to roll on their side.



3) Help the person to kneel. If they have sore knees, place a towel underneath as cushioning. Place one chair in front of the person.



4) Ask the person to lean on the seat of the chair and bring one leg forward. Put that foot on the floor.



5) Place a second chair behind the person. Ask them to push up with their arms and legs, then sit back in the chair behind. Guide them into the seat. Do not lift them.

Always call their healthcare provider to tell them about the fall.



Fall Tracking and Investigation

- Identify root causes – people, environment, activities
- Analyze trends
- Review employee responses and safety including floor recovery
- Evaluate accuracy of assessments

FACTS not FAULT





“

Resources

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National Council on Aging

Partners and Programs



Find help where it's needed.

NCOA has partners and programs that can help older adults. Use the map to search and locate an NCOA partner or program that's nearest to you.

Explore More

THE SOLUTION: Proven Community-Based Programs



A Matter of Balance

8-session workshop to reduce fear of falling and increase activity among older adults in the community

- 97% of participants feel more comfortable talking about their fear of falling
- 99% of participants



Otago Exercise Program

Individual program of muscle strengthening and balance exercises prescribed by a physical therapist for frail older adults living at home (aged 80+)

- 35% reduction in falls rate
- \$429 net benefit per



Stepping On

7-week program that offers older adults living in the community proven strategies to reduce falls and increase self-confidence

- 30% reduction in falls rate
- \$134 net benefit per participant
- 64% ROI



Tai Chi: Moving for Better Balance***

Balance and gait training program of controlled movements for older adults and people with balance disorders

- 55% reduction in falls rate
- \$530 net benefit per participant
- 509% ROI

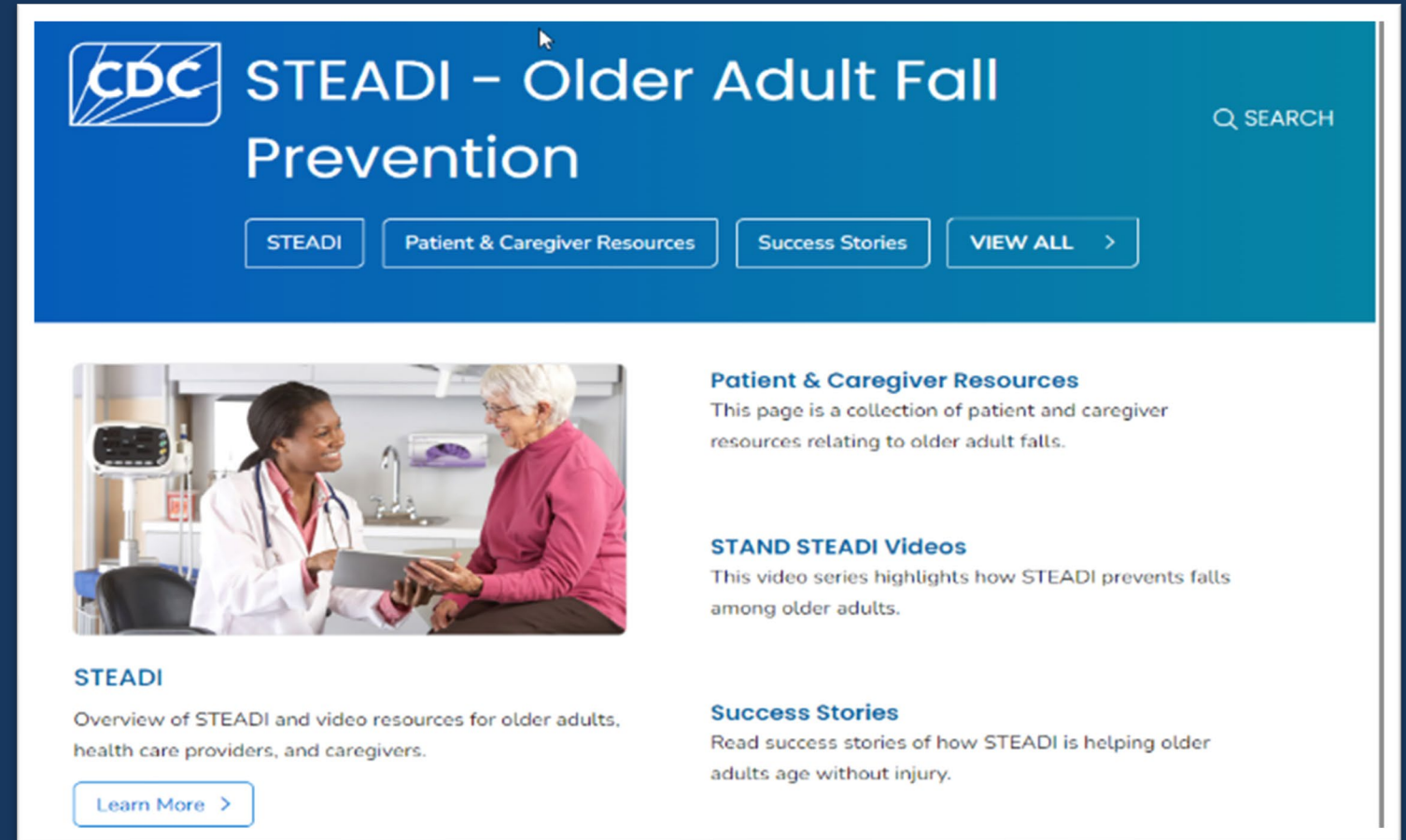
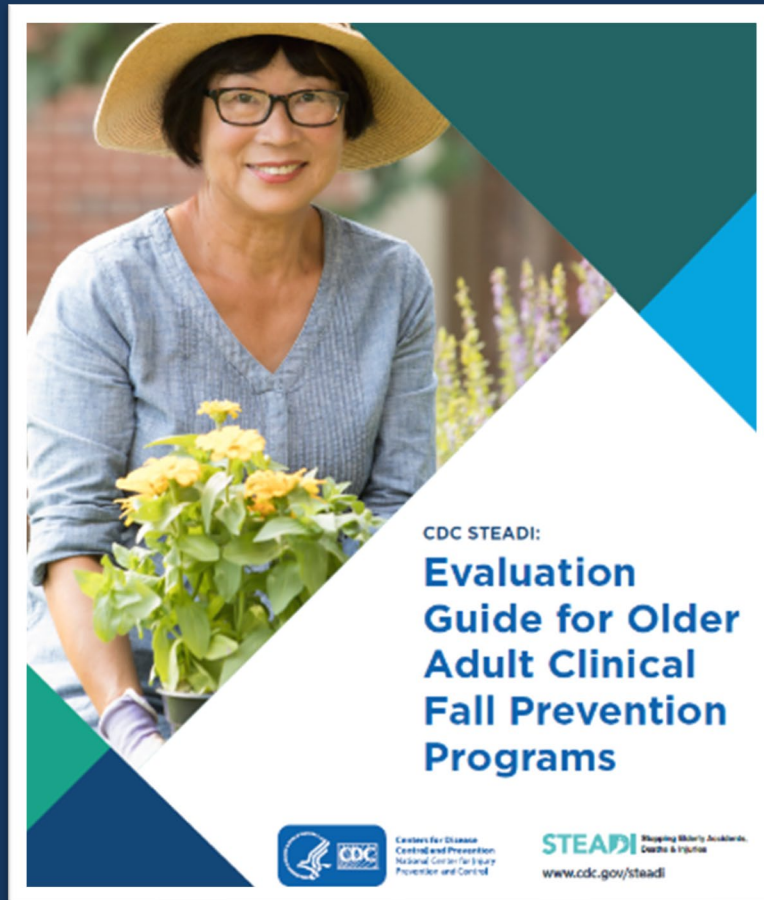
NCOA

<https://www.ncoa.org/article/evidence-based-falls-prevention-programs>

<https://www.ncoa.org/professionals/health/center-for-healthy-aging/national-falls-prevention-resource-center/falls-free-initiative>



Falls Prevention Self-Assessment



https://www.cdc.gov/steady/pdf/Steady-Evaluation-Guide_Final_4_30_19.pdf



Falls Prevention Self-Assessment



Agency for Healthcare
Research and Quality

Topics ▾

Programs ▾

Research ▾

Data & Analytics ▾

Tools ▾

Funding & Grants ▾

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About ▾

Home > Patient Safety > Patient Safety Resources by Setting > Long Term Care > Resources > On-Time > AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention

Department of Health and Human Services

AHRQ's Safety Program for Nursing Homes: On-Time Falls
Prevention | Agency for Healthcare Research and Quality





Considerations for Integration

REVIEW your current practices:

- Resident mobility assessment
- Communication
- Prevention strategies
- Resident fall recovery protocol
- Fall and near-miss tracking and investigation
- Staff training and competency for procedures and equipment





Learning Objectives

The Falling Resident

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1. Identify caregiver hazards associated with resident falls.



2. Assess current practices for resident fall reduction.



3. Learn strategies to reduce caregiver injuries.



QUESTIONS?

